

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000493

FILED
Apr 21, 2010
Secretary of State

Entity Name: MPS GROUP, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 02-0619871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEOP
Name: GILLIAM, THERON I CEOP
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747 US

Title: VPS
Name: HOLLAND, GREGORY D VPS
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T
Name: DEPALO, LORELEI T
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747 US

Title: AS
Name: REARDON, GEORGE M AS
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747 US

Title: CFO
Name: NOLAN, STEPHEN CFO
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747 US

Title: VPT
Name: EHRHART, DAWN VPT
Address: 175 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAWN EHRHART

VPT

04/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date